

Wallace Oenga  
[REDACTED]

October 14, 2014

U. S. Department of the Interior  
Bureau of Indian Affairs –  
Attn: Kathy Cline,  
Fairbanks Agency Superintendent  
101 12<sup>th</sup> Avenue, Room 166  
Fairbanks, AK 99701

U. S. Department of the Interior  
Office of the Special Trustee  
Attn: Glenda Miller  
3601 C Street, Suite 216  
Anchorage, AK 99503

Re: Native Allotment [REDACTED]  
Wallace Oenga – [REDACTED]  
Distribution of Future Rents in 2014-[REDACTED]

Dear Ms. Cline and Ms. Miller,

I write as a [REDACTED] interest holder in Native Allotment [REDACTED] (“Allotment”). This letter, and similar letters from other Oenga Heirs, impacts both the Bureau of Indian Affairs (BIA) and the Office of the Special Trustee (OST), so all the letters are addressed to each of you and copied to the Solicitor’s Office. I write to *again* direct that:

- [REDACTED]% of the annual rents received from BP for the lease above allotment be disbursed
- directly from my Department of the Interior (Interior) Individual Indian Money account (IIM account)
- to Mr. Raymond C. Givens of the Givens Law Firm (Givens)
- in payment of attorney fees due Givens each year on allotment rents through [REDACTED]
- without further authorization or documentation from me.

In May, 2012, I wrote each of you making this same request.<sup>1</sup> A copy of that letter is attached. This directive has *not* been followed. Each year additional documentation and authorization has been required by OST before the [REDACTED]% attorney fees contractually due Mr. Givens was paid to him.

In 2013, the *same* contingent fee agreement, as amended, that I signed for the underlying litigation was specifically approved by Interior’s Office of Hearings and Appeals probate of the Estate of co-Plaintiff [REDACTED]. Such an approval of a contingency fee contract by an administrative Law Judge of the Office of Hearings and Appeals has been held to be the approval of the contingent attorney fee contract by a representative of the Secretary of Interior, justifying distribution of funds from an IIM account. *Request of Dagg*, 12 IBIA 132, 135 (1984).

Nevertheless, I am now informed that earlier this year Mr. Givens was again told that OST intends to ignore my standing request for automatic direct distribution of this [REDACTED]% of the

[REDACTED]

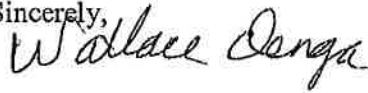
rent to Givens, and will again be requiring additional documentation and authorization from me before making the distribution to Mr. Givens.

In light of the above, the attached form requesting distribution of [REDACTED] from my IIM account to Givens is submitted *under protest* because the distribution should be made to Givens automatically as a result of my prior requests without the submission of this additional documents or authorization.

As a result of Interior's refusal to make the yearly automatic distributions from my IIM account to Givens, I and other Oenga Heirs have directed Mr. Givens to seek a satisfactory resolution of this by the end of 2014, and to file an appeal or formal Petition if not resolved to our satisfaction by then.

If you have any questions, please contact me and/or my attorney Ray Givens.

Sincerely,



Wallace Oenga

cc: Ray Givens  
DOI Solicitor Office


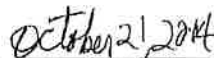
**Individual Indian Monies (IIM)****Instructions for Disbursement of Funds and Change of Address**Office of the Special Trustee for American Indians -- <http://www.doi.gov/ost/>

If you have any questions call OST at: 1 – 888 – OST – OTFM (1-888-678-6836) TOLL FREE NUMBER

<b>1</b>	<b>IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER</b> (If Known)	[REDACTED]
<b>2</b>	<b>CURRENT LEGAL NAME OF ACCOUNT HOLDER</b>	Wallace Oenga First Full Middle Name Last Suffix (e.g. Jr.)
	<b>OTHER NAMES USED</b> (Maiden or Also Known As, etc.)	First Full Middle Name Last Suffix (e.g. Jr.)
<b>3</b>	<b>DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #</b>	[REDACTED]
<b>4</b>	<b>CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS</b>	[REDACTED]
<b>5</b>	<b>PAYMENT INSTRUCTIONS</b>	<p><input checked="" type="checkbox"/> Other - I request that my IIM funds be disbursed as follows:  Pay \$ [REDACTED] to Raymond C. Givens of Givens Law Firm in Oct. 2014 for 2015 rents &amp; [REDACTED] % of future annual rents on current lease of Native Allotment [REDACTED]</p> <p><b>Third Party Payment</b></p> <p>Complete the following <u>only</u> if you want your payment made payable to someone other than you.</p> <p>Printed Name of Third Party Payee: <u>Raymond C. Givens, Givens Law Firm</u></p> <p>Address of Third Party Payee:  <u>302 Third Avenue South</u>  Street Address, PO Box, Rural Route Box</p> <p><u>Kirkland</u> <u>WA</u> <u>98033</u>  City State Zip Code</p> <p><u>(425)</u> <u>641-5949 or 208-699-6628</u>  Area Code Telephone Number</p>

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<b>6 METHOD OF PAYMENT</b> <b>Must select one option.</b> <b>NOTE:</b> The electronic transfer of your IIM funds to an OST Debit Card or Direct Deposit to your checking or savings account helps to safeguard against lost, stolen or forged checks. In addition, you will generally receive your IIM funds quicker with electronic transfer since mail time for a check will vary depending on the United States Postal Service and the destination.	<input checked="" type="checkbox"/> <b>Direct Deposit to checking or savings account</b> <b>Banking Information – Attach a voided check or provide the following information:</b> <div style="background-color: black; height: 60px; width: 100%;"></div> <input type="checkbox"/> <b>OR OST Debit Card</b> <b>If Direct Deposit or OST Debit Card is selected, indicate the method of ACH Deposit Notification:</b> <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> No Notification  <input type="checkbox"/> <b>OR Check</b> <b>NOTE:</b> If you want your check to be delivered to an address different than the mailing address set forth in Section 7 below, please provide your check mailing address on a separate paper.
<b>7 MAILING ADDRESS</b> <b>NOTE:</b> Complete this section even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.	_____ Street Address, PO Box, Rural Route Box  _____ Apt. No., Building Name  _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Please check if this is a new address.
<b>8 YOUR SIGNATURE OR MARK</b> <b>NOTE:</b> Your signature or mark must be witnessed. The witness must complete Section 9.	I certify that the information provided is true and correct.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           _____          Account Holder Signature or Mark       </div> <div style="text-align: center;">           _____          Date       </div> </div>
<b>9 WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK</b> <b>NOTE:</b> The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document in Section 8. The dates in Section 8 and Section 9 must be identical.	I, the undersigned, certify that this request was signed in my presence. <div style="background-color: black; height: 120px; width: 100%;"></div>
<b>THIS SECTION FOR OST USE ONLY</b>	
<b>ACCOUNT NUMBER:</b> _____	<b>SERVICE CENTER NUMBER:</b> _____
<b>DISB TICKLER/BCS NUMBER:</b> _____	<b>CSS NUMBER:</b> _____

**Exhibit 11**  
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